

plasms/etiology; Occupational Medicine; Placenta/enzymology; Pregnancy; Review; Tobacco Smoke Pollution/\*adverse effects.

#### 195. HEALTH HAZARDS OF PASSIVE SMOKING

Eriksen MP, LeMaître CA, Newell GR

Department of Cancer Prevention and Control, University of Texas  
System Cancer Center, M. D. Anderson Hospital and Tumor  
Institute, Houston 77030

Annu Rev Public Health; 9:47-70 1988

'Environmental tobacco smoke' (ETS) is the term used to characterize tobacco combustion products inhaled by nonsmokers in the proximity of burning tobacco. Over 3800 compounds are in tobacco smoke, many of which are known carcinogens. Most ETS exposure is from sidestream smoke emitted from the burning tip of the cigarette. Sidestream smoke is hazardous because it contains high concentrations of ammonia, benzene, nicotine, carbon monoxide, and many carcinogens. Nonsmokers chronically exposed to ETS are believed to assume health risks similar to those of a light smoker. Children of parents who smoke have more respiratory infections, more hospitalizations for bronchitis and pneumonia, and a smaller rate of increase in lung function compared to children of parents who do not smoke, particularly during the first year of life. Among adults with preexisting health conditions such as allergies, chronic lung conditions, and angina, the symptoms of these conditions are exacerbated by exposure to ETS. The acute health effects among healthy adults include headaches, nausea, and irritation of the eyes and nasal mucous membranes. The evidence for a relationship between ETS and cancer at sites other than lung is insufficient to draw any positive conclusions. For lung cancer, studies have consistently shown an excess risk between 10% and 300%, with a summary relative risk of 1.3 (95% confidence interval = 1.1-1.5). A dose-response relation is suggested but difficult to assess completely. Histologic types of lung cancer are generally similar to those most closely associated with active smoking, although other histologic types have also been found. Both excess relative risks and the dose responses are underestimates of the true excess risk and of the range of dose-response effect. Although the temporal relationship between exposure and disease occurrence is established, many questions are unanswered. The findings are consistent with many known biologic effects of active smoking and are partially analogous to the biologic effects of direct smoke inhalation. As many as 5000 nonsmokers are estimated to die annually from lung cancer as a result of exposure to ETS. There is great potential for prevention of these premature deaths. The two major preventive actions are (a) eliminating the source by reducing the amount of direct smoking and (b) limiting the level of exposure by restricting where tobacco can be smoked. Specific preventive actions include smoking cessation, smoking prevention, restriction of advertising, increased taxation on tobacco, and adoption of stringent nonsmoking policies in the workplace, schools, and public places. (ABSTRACT TRUNCATED AT 400 WORDS) (87 Refs)

#### 196. ON THE HEALTH EFFECTS OF ENVIRONMENTAL TOBACCO SMOKE

Crawford WA

Occupational and Environmental Health, Sydney, Australia.  
Arch Environ Health; 43(1):34-7 1988

Possible adverse health effects of breathing environmental tobacco smoke include lung cancer, respiratory illnesses in young children, decreased pulmonary function, decreased lung growth, allergy to tobacco, and exacerbation of angina. These effects are reviewed to aid informed discussion on this

health issue. Some of the constituents of tobacco smoke are found in the home, the outdoor environment, and the workplace in permissible concentrations and are considered unlikely to cause ill health. A double standard, one in the workplace and another for the public, may be evolving for acceptable health risks. (63 Refs)

#### 197. PASSIVE SMOKING

Chesbro MJ

University of Alabama College of Community Health Services,  
Tuscaloosa.

Am Fam Physician GP; 37(5):212-8 1988

Absorption of harmful and irritative components of cigarette smoke by nonsmokers may result in both acute and long-term health problems. Persons with asthma or coronary artery disease are at particularly high risk of developing problems. Children living with smokers are at increased risk of persistent middle ear effusions and lower respiratory tract infections. Nonsmokers married to smokers have an increased risk of lung cancer. (22 Refs)

#### 198. INDOOR AIR POLLUTANTS

Angle CR

Department of Pediatrics, University of Nebraska Medical Center,  
Omaha.

Adv Pediatr; 35:239-80 1988

A major contribution of the pediatrician is to help families rank the multitude of pollutants according to their known risk for child health. Elimination of household smoking and completely effective venting of indoor heating devices are beneficial to all and mandatory in homes of allergic children. Acute releases of NO<sub>2</sub> by gas ranges and ovens may be a significant factor in an increased incidence of respiratory infection, especially in children under two years. Despite intensive investigation, immunosuppressive and other health effects have not been defined for indoor levels of PBBs, PCBs, and related halogenated hydrocarbons. The analytic ability to determine nanomolar concentrations of numerous toxic chemicals opens a Pandora's box of inquiry. New methods, particularly immunologic, are urgently needed to quantitate the dose response to multiple combinations of chemicals and determine their significance for the health of the 'tight-box' generation of children. (136 Refs)

#### 199. DANGERS DUE TO SMOKING AND PASSIVE SMOKING

Schmidt F

Klinische Fakultät Mannheim, Universität Heidelberg.

Onkologie; 11(6):250-3 1988

Smoking has become the most important single cause of illness and death. Since the rate of cure for the most frequent types of organ cancers is still very poor with little chance of improvement in the foreseeable future, it has become necessary to put more emphasis on cancer prevention. The same holds true for the dangers of passive smoking, which have now been confirmed by all the representative scientific bodies at home and abroad. Legal protection of nonsmokers in the workplace is long overdue. The irresponsible inactivity on the part of our government with regard to smoking and passive smoking has been sharply denounced, since it has become obvious that neither health education and information nor appeals to the public can bring about a change in the situation, but only the implementation of a whole catalog of measures, including adequate legislation. (15 Refs)

## 200. TOBACCO AND CANCER

Fontbarn ET, Correa P, Chen VW, Craig JF, Pickle LW, Falk R  
*J La State Med Soc*; 140(4):29-30, 35-40 1988

Keywords (MeSH): Bladder Neoplasms/etiology; Cervix Neoplasms/etiology; Female; Human; Louisiana; Lung Neoplasms/etiology; Male; Mouth Neoplasms/etiology; Neoplasms/\*etiology/mortality/EP; Pancreatic Neoplasms/etiology; Risk Factors; Smoking/\*adverse effects; Stomach Neoplasms/etiology; \*Tobacco; Tobacco Smoke Pollution/\*adverse effects; \*Tobacco, Smokeless; United States.

## 201. ON AIR POLLUTION, ENVIRONMENTAL TOBACCO SMOKE, RADON, AND LUNG CANCER (72 Refs)

Crauford W'A  
*JAPCA*; 38(11):1386-91 1988

Keywords (MeSH): Air Pollution/\*adverse effects; Human; Lung Neoplasms/EP/\*etiology; Radon/\*adverse effects; Review; Review, Tutorial; Tobacco Smoke Pollution/\*adverse effects.

## 202. PASSIVE SMOKING AND LUNG CANCER. THE IPSEN LECTURE 1987 (52 Refs)

Trichopoulos D  
 Department of Hygiene and Epidemiology, University of Athens  
 Medical School, Greece.  
*Scand J Soc Med*; 16(2):75-9 1988

Keywords (MeSH): Female; Human; Lung Neoplasms/\*etiology; Male; Review; Review, Tutorial; Risk Factors; Tobacco Smoke Pollution/\*adverse effects.

## 203. CHILDHOOD CANCER AND MALIGNANCIES OTHER THAN LUNG CANCER RELATED TO PASSIVE SMOKING

Perithagen G  
 Department of Epidemiology, National Institute of Environmental  
 Medicine, Stockholm, Sweden.  
*Mutat Res*; 222(2):129-35 1989

Biochemical intake markers show that the fetus and breast-feeding infant are exposed to compounds in tobacco smoke if the mother smokes or is exposed to environmental tobacco smoke (ETS). Experimental studies demonstrate that some compounds in tobacco smoke are transplacental carcinogens. The available epidemiological data provide no conclusive evidence of an effect of maternal smoking during pregnancy on the risk of cancer in children. Only a few studies have been performed on ETS and cancer risks in adults, except for lung cancer, and no firm conclusions can be drawn from the results. There is a need for further epidemiological studies on passive smoking and cancer, both in children and in adults. (49 Refs)

## 204. CURRENT TRENDS IN THE EPIDEMIOLOGY OF SMOKING, PASSIVE SMOKING AND LUNG CANCER

Abelin T  
*Schweiz Rundsch Med Pract*; 78(5):87-92 1989

In this review of new developments in the field of 'smoking and health', three questions are more closely analyzed. The first concerns the health consequences of passive smoking. Based on the example of bronchial carcinoma, evidence is shown on which independent expert committees have come to the conclusion that a causal relationship has to be accepted as probable. A graph is presented showing that among more than a dozen epidemiologic studies, most point clearly to a dose response relationship. In addition it has been shown that passive smoking involves mainly inhalation of sidestream smoke containing significant amounts of carcinogens. The second question concerns the trend of smoking habits in Switzerland. Among men, the proportion of smokers has dropped from at least 60 to 70% in the nineteen fifties to

40% today, and among women, a downward trend has also been observed in recent years. Finally, lung cancer rates have started to decline in several countries and levelled off among men in Switzerland. A decline of the proportion of smokers and a reduction of the tar content of cigarettes by the tobacco industry are seen as principal factors in this development. (40 Refs)

## 205. SMOKE, ENVIRONMENTAL CONTAMINATION AND LUNG CANCER (22 Refs)

Polizzi F  
*Minerva Chir*; 44(3):367-71 1989

Keywords (MeSH): Aged; Air Pollution/\*adverse effects; \*Environmental Exposure; Female; Human; Lung Neoplasms/EP/\*etiology; Male; Middle Age; Review; Review, Tutorial; Smoke/\*adverse effects; Tobacco Smoke Pollution/adverse effects.

## 206. SMOKING AND CERVICAL CANCER: CAUSE OR COINCIDENCE? (37 Refs)

Layde PM  
 Marshfield Medical Research Foundation, Wis.  
*JAMA*; 261(11):1631-3 1989

Keywords (MeSH): Cervix Neoplasms/\*etiology; Female; Human; Papillomaviruses; Review; Review, Tutorial; Risk Factors; Smoking/\*adverse effects; Tobacco Smoke Pollution/adverse effects; Tumor Virus Infections/complications.

## 207. HEALTH EFFECTS OF INVOLUNTARY SMOKING IN THE WORKPLACE (20 Refs)

Tager IB  
*N Y State J Med*; 89(1):27-31 1989

Keywords (MeSH): Comparative Study; Female; Human; Lung Neoplasms/chemically induced; Male; Occupational Diseases/chemically induced; Respiratory Tract Diseases/chemically induced; Review; Review, Tutorial; Tobacco Smoke Pollution/\*adverse effects/analysis.

## 208. ENVIRONMENTAL TOBACCO SMOKE AND PASSIVE SMOKING. PAPERS FROM A SYMPOSIUM. HELSINKI, JUNE 9-12, 1987

Anonymous  
*Mutat Res*; 222(2):71-146 1989

Keywords (MeSH): \*Carcinogens; Human; \*Mutagens; Tobacco Smoke Pollution/\*adverse effects.

## V.

## OTHER STUDIES ON TOBACCO SMOKE POLLUTION

## 209. N-NITROSO COMPOUNDS AS A CAUSE OF HUMAN CANCER

Preston-Martin S  
 Department of Preventive Medicine, University of Southern  
 California, Los Angeles 90033.  
*IARC Sci Publ*; (84):477-84 1987

Simultaneous consideration of epidemiological and experimental findings leads to the conclusion that the tobacco-specific nitrosamines (TSNA) 4-(N-nitrosomethylamino)-1-(3-pyridyl)-1-butanone (NNK) and N'-nitrosonornicotine (NNN) probably cause oral and respiratory cancers in humans. The role of other N-nitroso compounds (NOC) in the etiology of human cancer may best be defined by the study of known human carcinogens, such as certain foods eaten exclusively by populations with exceptionally high incidences and mortality rates for certain cancers. The evidence

that NOC may be responsible for these elevated rates is reviewed in relation to two such high-risk populations: (i) residents of Lin-xian county in northern China, who have a striking excess of cancer of the oesophagus, and (ii) Cantonese people who have high rates of nasopharyngeal carcinoma (NPC). More studies are needed to define clearly the relationship between various types of cancers and prenatal or lifetime exposures to passive smoking. If passive smoking is found to increase the risk of developing various childhood and adult cancers, the NOC in tobacco are likely to be among the relevant carcinogens. Carcinogenesis models for studying the effects of prenatal exposure to NNK and NNN and other NOC seem particularly promising for the study of low-dose effects and modifying factors.

**210. LUNG CANCER AND PASSIVE SMOKING: PREDICTED EFFECTS FROM A MATHEMATICAL MODEL FOR CIGARETTE SMOKING AND LUNG CANCER**

Darby SC, Pike MC

Imperial Cancer Research Fund Cancer Epidemiology and Clinical Trials Unit, University of Oxford, Gibson Laboratories, Radcliffe Infirmary, Oxford, UK.

Br J Cancer; 58(6):825-31 1988

Epidemiological studies of active smokers have shown that the duration of smoking has a much greater effect on lung cancer risk than the amount smoked. This observation suggests that passive smoking might be much more harmful than would be predicted from measures of the level of exposure alone, as it is often of very long duration frequently beginning in early childhood. In this paper we have investigated this using a multistage model with five stages. The model is shown to provide an excellent fit to data on the incidence of lung cancer among smokers, ex-smokers and non-smokers in a cohort of male British doctors. Contrary to our expectation the model predicted only a slight increase in relative risk with increasing duration of passive exposure. Allowing for exposures early in life does not therefore explain the discrepancy between the relative risk of about 1.5 calculated from epidemiological studies of lung cancer and the low levels of exposure indicated by cotinine measurements in those passively exposed.

**211. PREDICTING THE LUNG CANCER RISK OF DOMESTIC PASSIVE SMOKING [LETTER]**

Repace JL, Lowrey AH

Am Rev Respir Dis; 136(5):1308 1987

**Keywords (MeSH):** Human; Lung Neoplasms/\*etiology; Risk Factors; Tobacco Smoke Pollution/\*adverse effects.

**212. POPULATION BURDEN OF LUNG CANCER DUE TO ENVIRONMENTAL TOBACCO SMOKE**

Vainio H, Partanen T

Institute of Occupational Health, Helsinki, Finland.

Mutat Res; 222(2):137-40 1989

The population burden of lung cancer due to environmental tobacco smoke is significant because a large fraction of the population is exposed. The risks are, of course, lower than those to smokers themselves; but smoking is self-inflicted and passive smoking is involuntary. Making various assumptions, the proportion of lung cancer cases among non-smokers that could reasonably be attributed to environmental tobacco smoke can be calculated to be about 20-30% in western countries. Thus, non-smokers in the society could benefit considerably from diminishing exposures to other people's smoke.

**213. THE EXTENT OF PASSIVE SMOKING IN THE FEDERAL REPUBLIC OF GERMANY**

Leitzel HW, Johnson LC

Gesellschaft für Informationsverarbeitung und Statistik in der Medizin e.V., Munich 2, Federal Republic of Germany. Prev Med; 13(6):717-29 1984

A representative survey of 1,670 persons between 14 and 65 years of age was conducted in order to obtain current data on active and passive smoking in the Federal Republic of Germany. Overall, 36.7% were smokers, 21.3% were former smokers, and 42.0% were nonsmokers. These rates vary for sociodemographic subgroups and for states, cities, and rural areas. The time pattern during the 24 hr preceding the interview is identical in shape for active as well as passive smoking. The exposed maximum time for passive smoking varies with age and sex. It lies somewhere between 2 and 15% of the observed 24 hr; the best estimates seem to be 5% for nonsmoking men and 3-4% for nonsmoking women. It consistently compares with our preliminary definition of passive smoking. A reconstruction of Hirayama's definition reveals parallel results in terms of maximum exposure time when compared with our preliminary definition. A direct comparison between both definitions showed inconsistencies to an extent that could jeopardize the results of a case-control study. Data demonstrate a massive effect of measuring techniques on study results with regard to the frequency and extent of passive smoking. They also show the vulnerability of the calculation of equivalence of actively smoked cigarettes.

**214. BELIEFS OF SMOKING AND NONSMOKING COLLEGE STUDENTS ABOUT THE EFFECTS OF ENVIRONMENTAL TOBACCO SMOKE AND RELATED ISSUES**

Shor RE, Williams DC, Shor MB, Canon LK, Latta RM

Dept. Psychology, Univ. New Hampshire, Durham, NH. 03824 J Drug Educ; 10(3):263-276 1980

A survey was made among 61 smoking and 246 nonsmoking college students to ascertain their beliefs regarding the effects of environmental tobacco smoke and several closely related issues. From responses to a 147-item questionnaire, those to 31 items dealing with smoking and health are reported. The following responses to each statement were possible: strongly believe, believe, neutral or uncertain, disbelieve, and strongly disbelieve. In response to a question of whether smoking causes, contributes to, and aggravates cardiovascular diseases, emphysema, bronchitis, lung and other cancers, and other medical conditions, 46% of the smokers said they strongly believed and 49% believed the statement; of the nonsmokers, 75% strongly believed and 24% believed the statement. The statement that in industrialized nations cigarette smoking is the greatest single cause of excess morbidity and mortality from lung and other cancer, heart attacks, and emphysema in both men and women was regarded as true by 51% of the smokers (2% strongly believed it, 49% believed it) and by 51% of the nonsmokers (18% strongly believed it and 33% believed it). The results of the survey suggested that, while people agree that there are health hazards associated with smoking, their knowledge of the specific health effects is severely limited. (33 Refs)

**215. TIME FOR ACTION ON PASSIVE SMOKING**

Morgan PP

CMA House, PO Box 8650, Ottawa, Ontario K1G 0G8, Canada Can Med Assoc J; 127(9):810-811 1982

Tactics to reduce health hazards from passive smoking, the involuntary inhalation of gases and particulates produced by burning tobacco, should be based on the promotion of

public health principles. Direct confrontation of smoker is difficult. Current legislation that aggregates smokers in public places still allows them to pollute the common air-space and must be superseded by a master plan for a smoke-free environment. The role of physicians in the controlling passive smoking is considered. (13 Refs)

**216. THE HEALTH RISKS OF PASSIVE SMOKING. THE GROWING CASE FOR CONTROL MEASURES IN ENCLOSED ENVIRONMENTS (64 Refs)**

*Lefkoe N.M., Ashley M.J., Pederion L.L., Keays J.J.*  
Department of Medicine, University of Western Ontario, London, Canada.

*Chest*, 84(1):90-5 1983

Keywords (MeSH): Adult; Carbon Monoxide; Cardiovascular Diseases/complications; Child; Child, Preschool; Female; Human; \*Legislation; Lung Diseases/complications; Lung Neoplasms/etiology; Male; Nicotine; Pregnancy; Respiratory Airflow; Respiratory Hypersensitivity/complications; Review; Risk; Smoke/adverse effects; Tobacco; Tobacco Smoke Pollution/\*adverse effects/prevention and control; United States.

**217. AN INDOOR AIR QUALITY STANDARD FOR AMBIENT TOBACCO SMOKE BASED ON CARCINOGENIC RISK**

*Repace J.L., Lowrey A.H.*  
*N Y State J Med*; 85(7):381-3 1985

Keywords (MeSH): Human; Lung Neoplasms/\*chemically induced; Occupational Medicine/\*standards; Risk; Tars/\*adverse effects; Tobacco Smoke Pollution/\*adverse effects/prevention and control; United States.

**218. THE COMMONWEALTH DEPARTMENT OF HEALTH SMOKE-FREE WORKPLACE POLICY**

*McKay B.V., Fitzwarryne C.M.*  
*Community Health Stud*; 11(1 Suppl):31-51 1987

Keywords (MeSH): Australia; Human; Lung Neoplasms/\*prevention and control; Occupational Diseases/\*prevention and control; \*Public Policy; Smoking/prevention and control; Tobacco Smoke Pollution/\*prevention and control.

**219. PASSIVE SMOKING AND LUNG CANCER**

*Armstrong B.K.*  
*Community Health Stud*; 11(1 Suppl):61-81 1987

Keywords (MeSH): Australia; Human; Lung Neoplasms/\*prevention and control; Occupational Diseases/\*prevention and control; Risk; Tobacco Smoke Pollution/\*prevention and control.

**220. A WORKPLACE SMOKING CESSATION PROGRAM. A STRATEGY WITH POTENTIAL FOR MASS APPLICATION**

*Digiusto E.*  
*Community Health Stud*; 11(1 Suppl):451-521 1987

Keywords (MeSH): Australia; Human; Lung Neoplasms/\*prevention and control; Occupational Diseases/\*prevention and control; Smoking/\*prevention and control; Tobacco Smoke Pollution/\*prevention and control.

**221. WORKPLACE STRATEGIES FOR SMOKING CESSATION**

*Snow B.R.*  
Columbia University Comprehensive Cancer Center, Vanderbilt Clinic, New York, New York.  
*Prog Clin Biol Res*; 121:113-4 1983

Keywords (MeSH): Human; Lung Neoplasms/\*prevention and control; \*Smoking; Tobacco Smoke Pollution; Work.

**222. SMOKERS', NONSMOKERS' RIGHTS COLLIDE IN THE WORK ENVIRONMENT**

*Barrus W.R.*  
Safety Systems Analysis, Springville, Utah.  
*Occup Health Saf*; 54(2):31-3 1985

Keywords (MeSH): Accidents, Occupational/prevention and control; Costs and Cost Analysis; Employee Grievances/economics/legislation and jurisprudence/\*trends; Environment; Female; Human; \*Human Rights; Lung Neoplasms/etiology; Male; Occupational Diseases/etiology; Personnel Management/\*trends; \*Smoking/prevention and control; \*Tobacco Smoke Pollution/prevention and control; United States.

**223. WHAT TO DO BECAUSE EVIDENCE LINKS INVOLUNTARY (PASSIVE) SMOKING WITH LUNG CANCER**

*Glanitz S.A.*  
*West J Med*; 140(4):636-7 1984

Keywords (MeSH): Human; Lung Neoplasms/\*etiology; Physician's Role; Smoking/prevention and control; Tobacco Smoke Pollution/\*adverse effects.

**224. RISKS TO WHICH PASSIVE SMOKERS ARE EXPOSED. THE RIGHT OF NON-SMOKERS**

*Rosenberg J.*  
*AMB*; 31(1-2):7-12 1985

Keywords (MeSH): Adult; Human; Human Rights/\*legislation and jurisprudence; Lung/physiopathology; Lung Diseases/etiology/physiopathology; Lung Neoplasms/etiology; Risk; \*Tobacco Smoke Pollution/adverse effects.

# SUBJECT INDEX

This index is constructed from the National Library of Medicine's Medical Subject Headings (MeSH) which are associated with each abstract included in this publication. These MeSH terms can be used to retrieve similar information from the National Cancer Institute's online database CANCERLINE. Bold-faced numbers refer to abstracts which are not indexed with a more specific related term and which may represent articles which are rather more general than the rest. For example: "Carcinogens....2, 17, 39"; where abstracts numbers 2 and 17 would be indexed to a more specific concept under "Carcinogens", such as "Benzo(a)pyrene", but abstract 39 would be indexed only to the level of detail of "Carcinogens".

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